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Complete and send this form, together with applicable fee(s), to: Mail				P.O. Box 1450 Alexandria, Virg	Alexandria, Virginia 22313-1450		
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appropriate All further cor	respondence including the below or directed otherwise	Patent, advance ord	ders and notifies	BLICATION FEE (if requiation of maintenance fees where correspondence address;	all be mailed to the current	t correspondence address as	
	E ADDRESS (Note: Use Block 1 for 190 12/16/2005 , Esq.	r any change of address		Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission			
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•		4	MADEMARK	Saranel	Salmas	(Depositor's name)	
				Desolut	Saleva	(Signature)	
				January	31, 2086	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAME		NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/993,159	11/05/2001	Timothy W. Lo		ovenberg	ORT-1528	8725	
TITLE OF INVENTION: H					TOTAL SERVE DUE	I DUTT DUT	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	03/16/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	ļ		
WILSON, N	1632		800-018000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Ortho-McNeil Pharmaceutical, Inc. Raritan, New Jersey							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🕱 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.							
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<b>.</b>	SMALL ENTITY status. Se	e 37 CFR 1.27.	☐ b. Applican	nt is no longer claiming SMA	LL ENTITY status, See 37 (	CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	is requested to apply the Is Publication Fee (if required cords of the United States P	sue Fee and Publica will not be accepted atent and Trademark	tion Fee (if any) d from anyone o Office.	) or to re-apply any previous other than the applicant; a reg	ly paid issue fee to the applic istered attorney or agent; or	eation identified above. the assignce or other party in	
Authorized Signature		<u> </u>		Date	Tunuary 31, 1No. 33,873	2006	
Typed or printed name	Linda S. E.	lans	ANAMACA FOR CONTRACTOR OF CONT				
Alexabura, vitemba 22010	F143U.			obtain or retain a benefit by ction is estimated to take 12 on the individual case. Any ction Officer, U.S. Patent and FORMS TO THIS ADDRES ction of information unless it		nd by the USPTO to process) ing gathering, preparing, and time you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450, of number.	

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

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